

cavity; it had somewhat compressed the rectum, and yielded little to pressure in consequence of a superincumbent weight. Dr. Drejer was at first inclined to believe that his patient was not pregnant, but was convinced of the contrary by distinctly feeling the movements of the child through the abdominal parietes, and as it was clear that the tumour in the pelvis was the fundus uteri, and that it was impossible the os tincæ could occupy such a situation at the period of gestation to which this woman had arrived, he inferred that the case was one of extra-uterine pregnancy.*

The urine was drawn off twice a day, the accumulation of fæces obviated by the use of Glauber's salt, and, at the end of 14 days, the fundus uteri had evidently ascended towards the sacral promontory, and the os tincæ was somewhat lower; the excretions also were passed without assistance, and in the course of another fortnight, the uterus had nearly resumed its normal position. Gradually the movements of the child ceased. In January, 1832, she had painful bearing-down efforts, accompanied by uterine hemorrhage, but these symptoms vanished in a few days, and she at length so far regained her health as to be able to leave her bed, complaining only of weakness. In February, at the period when she had calculated on being confined, violent hemorrhage and bearing-down pains again came on, but they ceased as before in the course of a few days, after which the distension of the belly and breasts diminished. The hard tumour, which still remained in the abdomen, extended from the symphysis pubis to beneath the false ribs on the right side, where Dr. Drejer believed he could feel the breech of the fœtus, the head appearing to lie below, and the back along the right side and anteriorly; a position which led to the supposition that the fœtus was sacculated in the abdomen, and not contained either in the right ovary or its fallopian tube. In April the catamenia appeared, and afterwards continued to recur at regular intervals; the woman is now in good health, attends to her business, makes long journeys on foot, and is not incommoded by the tumour farther than that it is occasionally the seat of shooting pains, particularly during the menstrual periods. She is also subject to hysteria. She was made acquainted with her situation, and assured that she might, notwithstanding, reach an advanced age.—*Med. Chirurg. Rev.*, January, 1837.

EPIDEMICS—INFLUENZA.

44. *Influenza*.—This affection, which we noticed in our preceding number as having prevailed last winter in certain parts of Europe, seems to have had a very extensive range. It is said to have made its appearance at Sidney, New South Wales, early in October, 1836, and at the Cape of Good Hope on the first of the succeeding month. It broke out in the northern parts of Scotland before the end of the year, and was prevalent somewhat earlier in the countries bordering on the Baltic; so that its occurrence there and at New South Wales was contemporaneous.

Our readers are in possession of pretty full descriptions of the epidemic as it appeared in England, and we shall now lay before them the best accounts of it that have reached us of the phenomena it presented in France, Belgium, and Denmark.

45. *Influenza in France*.—*La Lancette Francaise*, of the 28th of February last, contains a highly interesting lecture by M. ANDRAL, on the epidemic, as it appeared in France, from which we extract the following observations:

The disease occurred at all ages and in both sexes. There were few cases, however, in children under two years; a large number of twelve years were attacked, but the greater number of those affected were adults; old persons were not exempted from it; it has been observed in individuals of 85 years of age. It

* Dr. Drejer does not seem to be aware of the fact that the uterus may remain in a certain degree of mal-position, with the os uteri still directed to, or raised above the pubis, even to the end of gestation. A case related by Dr. Merriman in the *Med. and Phys. Jour.* Vol. XVI, page 388, would convince him of this. We do not, however, impugn the accuracy of his diagnosis.—R. THACKER.

occurred among all ranks and conditions of society, and in every locality. It was not observed to be more prevalent or severe in populous or crowded situations, or where the rules of hygiene are less observed than in those quarters of the city inhabited by the rich. In one house sometimes a single individual was affected, all the rest escaping the disease; this, however, was very rarely the case. In other dwellings all the inhabitants have been attacked, either simultaneously or successively. A very striking feature of the influenza is a certain disturbance of enervation, especially of sensibility and motility, and more rarely of the intellect. From the very onset there is pain of the head, which oppresses the patient, and almost prevents him from moving the part. It is chiefly felt about the centre of the forehead, and is of a lancinating character, and accompanied with a sensation of heat or of extreme pressure, with a sense of stupor and vertigo. Some patients are so much affected by it, as to declare if it continues they shall perish of a brain fever or an attack of apoplexy. The face at the same time is red, the eyes injected and watery; the ears are the seat of a distressing humming sound. Some patients complain of a prickling in different parts of the surface, especially of the palms of the hands, which in many cases present nothing remarkable to the sight or touch, while in others they are red, swollen, and erythematous, particularly towards the junction of the last phalanges with the metacarpus. In others the pain was less superficial, darting through the substance, as it were, of the limbs; in others the pains were of a contusive character, and principally felt about the larger joints. The pains in general were experienced from the onset of the disease. The pain of the head and stiffness of the limbs, were in many cases the only symptoms that the patients experienced; in other cases, there was in addition, a sense of contraction of the chest, preventing a full dilatation of its parietes, and threatening suffocation; the latter phenomena did not assume in any case a very alarming aspect.

In almost every instance there took place a sudden depression of the muscular strength, which continued often during the whole course of the disease, and persisted even after the disappearance of the other symptoms. Very painful and distressing cramps occurred in some cases, but happily in very few. The intellect, excepting in a very few instances, presented nothing remarkable; the patients were, it is true, greatly depressed, but otherwise their mental faculties were in no degree impaired. In some who suffered from intense febrile excitement a temporary delirium was observed. Sleeplessness was in a great number of cases very obstinate.

In the greater number of cases the tongue was broad, humid, and covered with a whitish coating; in some, however, it was red and dry. The posterior part of the fauces presented nothing remarkable. The pain in the throat of which the patient complained had not its seat in the pharynx, but in the air passages. Deglutition was always easy. The appetite failed during the febrile stage, and this inappetency often continued after the removal of the other morbid phenomena. There was in general but slight thirst. Some patients experienced a sense of weight at the epigastrium, but rarely intense pain. The abdomen has remained, in by far the greater number of cases, supple and without tenderness. The evacuations by stool were natural; constipation was a more frequent symptom than diarrhœa. In some cases, either as an effect of the disease itself or of its complications, a very obstinate vomiting and a copious diarrhœa, with colicky pains, were observed. This was rarely the case at Paris, but at Passy it appears to have been more common.

The mucous membrane of the nares was in a great number of instances the seat of a mucous flux and of hemorrhages. The latter were frequently slight, but in some cases sufficiently profuse to require the plugging up of the nasal fossæ. The voice was almost always altered. More or less hoarseness, with pain along the course of the larynx and trachea, were characteristic symptoms of the epidemic. Cough was rarely absent; the attack frequently commenced with it; it was very obstinate in some patients, and persisted for a long time after the disappearance of the other symptoms. It frequently occurred in paroxysms, which were very painful and fatiguing. It was sometimes dry, and at others accompanied with an expectoration of a gluey, whitish and transparent matter, containing globules of air. In some cases the sputa were more consistent and opaque, and resembled those we observe towards the termination of an acute

bronchitis. In such cases the cough continued for a longer period; it was occasionally accompanied with a sense of strangulation so intense as to seem to threaten asphyxia. The cough had its origin in the larynx and trachea, and rarely proceeded from the bronchi. Thus, in by far the greater number of instances, auscultation and percussion of the thorax gave only negative indications. In some cases, nevertheless, an engorgement and thickening of the mucous membrane was shown to exist by a dry and sonorous rhonchus.

Sometimes the respiration was normal; at others, there was great dyspnoea. In some cases the impediment to respiration arose from a very acute pain in the parietes of the chest, which prevented its dilatation. When the dyspnoea was severe, there took place an alteration of the features to a greater or less extent, with violet tint of the face and coldness of the extremities. But these symptoms were soon removed by energetic treatment. Death never resulted from them. The oppression of the chest increased considerably where a secondary inflammation of the pleura and of the lungs has manifested itself. It is proper to notice as another cause of dyspnoea, the pseudo-membranous inflammation of the bronchii pointed out by M. Nonat. This is by no means rare, and it would be more commonly detected if greater care were taken to examine the final ramifications of the bronchii. In old persons a very profuse secretion took place from the bronchial mucous membrane, which could not be expelled by the cough, and gave to the case all the characteristics of catarrhus suffocativus.

In a few instances the influenza was unattended with fever; but in the greater number of cases the skin was hot, occasionally dry, but more frequently moist; the pulse was frequent, developed and rebounding; the action of the heart being strong and energetic. The fever continued from two to five days; it rarely lasted beyond the latter period; when it shows itself after the fifth day, we should suspect an inflammation of the bronchi or some other portion of the respiratory apparatus. In some patients a singular tendency to lypothemia and syncope was observed. The perspiration was in some cases very abundant; it commenced with the fever, continued during its presence, and persisted after its cessation. The abundance of the perspiration recalled to our memories the *sweating sickness*. Sometimes the surface presented only a simple moisture; in a certain number of cases a very copious discharge from the skin occurred about the second or third day, at the period when the febrile excitement ceased. The perspiration was occasionally accompanied with a miliary eruption.

We may distinguish in the course of the influenza three periods. The first, which is seldom wanting, is characterized by cough, pain in the throat, cephalalgia, and contusive pains in the limbs. Cough and pain in the throat, of themselves, do not constitute a real case of the disease; there must exist at the same time the several nervous symptoms already referred to. In difficult cases, nervous, thoracic or abdominal symptoms may predominate. The duration of the first period is from one to two days; when it is wanting the disease commences with the second or febrile period. This is characterized by fever, accompanied with most of the symptoms which we have described as its concomitants. This period succeeds often in an insensible manner to the former, but more generally it occurs suddenly, either subsequent to, or without being preceded, by the first. The cephalalgia augments as well as the debility and prostration; some patients are struck down, as it were, by lightning, either while walking or attending to their usual occupations. This period continues for about the same period as the fever of measles or scarlatina.

The third period, called apyretic, is distinguished by the cessation of fever, but generally certain of the morbid phenomena of the proceeding periods persist; these phenomena have especial reference to the functions of the central thoracic and abdominal organs. Thus we have pain of the head, and depression; and a cough, which continues, in general, for a considerable period. Although in the preceding stages the stomach presented no indications of disease, we find not frequently that its functions are disordered. The tongue is covered with a thick coating; the mouth is pasty and bitter; the thirst is considerable. If the patients partake of food, it appears to them to have a disagreeable taste; after its ingestion the stomach swells and becomes the seat of a disagreeable sense of weight; with these symptoms constipation of the bowels is usually conjoined. The duration of the third period is very variable; it sometimes termi-

nates at the end of two or three days, at others it continues for a longer or shorter period.

In Paris, during the epidemic of the present spring, the influenza terminated favourably in the great majority of cases. Where death occurred, it was the result of complications, such as pneumonia, general bronchitis, &c. It was, however, a very serious disease when it attacked those labouring under chronic inflammation of the chest.

Dissection has not discovered in the bodies of those who died of the disease, other lesions than those referable to the disease with which the influenza was complicated.

M. Andral does not consider the influenza to be either a laryngitis, tracheitis, or pulmonary catarrh; either of these affections may occur in patients labouring under the disease, and constitute one of the principal elements of the disease, but they do not constitute of themselves the influenza. This is a general disease, the nature and course of which, as in most of the epidemic affections which occur at variable intervals, are both unknown.

The treatment will vary according to the symptoms. When indications of cerebral congestion, with more or less febrile excitement present themselves, we should not hesitate to open a vein, and at the same time apply revulsives to the extremities. If the fever is moderate, the pain in the head inconsiderable, and the oppression slight, rest and diluent drinks will be sufficient. If the mouth is pasty or bitter, the tongue foul, and more or less aversion from food is present, with a sensation of weight at the epigastrium, emetics 18 to 24 grains ipecac. or two of tartar emetic, may be given with great advantage. If the cough is dry, painful, and fatiguing, narcotics, as belladonna and opium, should be prescribed.

If in the second period any particular symptom manifests itself, we should insist upon an attention to regimen, and the use of mucilaginous drinks. In the third period, if the symptoms of stomachic or intestinal disorder predominate, vomits, or still better, purgatives will succeed in removing it. During convalescence, it has been found necessary to restore tone to the stomach by the use of bitters and tonics.

46. *Debate in the Academy of Medicine of France relative to the Influenza.* February 14, 1837.—M. LEPELLETIER de la Sarthe, having charge of the *Bureau Central*, and supplying the place of one of the physicians of the *Hôtel-Dieu* who is sick, has had an opportunity of treating a large number of patients afflicted with the epidemic: the number in twenty days amounted to 1050. Besides its occult cause, the epidemic principle, M. L. recognises also as causes of the influenza, atmospherical variations, and particularly cold combined with moisture. He conceives the disease to depend essentially upon an inflammation of the bronchial mucous membrane, but distinguished by a certain nervous affection—constituting a spasmodic bronchitis. The disease may assume various forms, but it is easy to discover in all cases the same leading concourse of symptoms. Of itself the influenza is always a benign disease; when more serious symptoms develop themselves these are referable to some complication. In two hundred cases of influenza, M. L. observed twenty-five of pneumonia, two of pleurisy, three of gastro-enteritis, two of acute rheumatism, and two of parotiditis. He has seen a phthisical patient suffocated upon the attack of spasmodic bronchitis and die asphyxiated—the same has occurred in many old persons labouring under catarrh. The influenza may assume a very serious character in apoplectic subjects, which is explained as well from the cerebral congestion caused by the cough as from the prescription, as it were, of blood-letting in this disease. The complication the most frequently fatal is pneumonia or pleurisy, more especially as blood-letting, although strongly indicated, in such cases, has not the same advantageous effects as under other circumstances. M. L. has found the use of emetic tartar in large doses with bleeding, to be the most efficacious treatment in such cases. He has also found advantage to result in old persons affected with catarrh from the employment of the white oxyde of antimony. M. L. was struck with the tolerance exhibited for the tartar emetic; of eighteen patients to whom it was given in large doses, two only vomited.

M. Louyer Villermay also regards the influenza as a slight disease. He does not join in the opposition which some physicians evince to the use of blood-let-